

(1) PLACE OF BIRTH

County of CrawfordTownship of North

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19728

Registration District No. 3613 Registered No. 41
(For use of Local Registrar)(No. St. Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Imrie White If child is not yet named, make supplemental report as directed

(3) SEX <u>Male</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH <u>Sept. 15, 1922</u> (Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME Mr. White (14) NAME BEFORE MARRIAGE Miss White(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. (15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 22
(Year)(11) BIRTHPLACE Sumter S.C. (17) AGE AT LAST BIRTHDAY 22
(Year)(18) OCCUPATION Farmer (19) OCCUPATION Domestic(20) Number of children born to mother including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M.
on the date above stated. (Born alive, preterm, stillborn, Hour A. M. or P. M.)(23) (Signature) Phoebe L. L. L.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness W. F. L.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6/22/27 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.